County: Dane SUNNY HILL HEALTH CARE CENTER

4325 NAKOMA ROAD

1020 MINOMI NOID			
MADI SON 53711 Phone: (608) 271-7321		Ownershi p:	Limited Liability Company
Operated from 1/1 To 12/31 Days of Operation:	365	Hi ghest Level Li cense:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds Set Up and Staffed (12/31/01):	63	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/01):	72	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/01:	55	Average Daily Census:	46
	ale		

Services Provided to Non-Residents		Age, Sex, and Primary Diagn	osis of	Residents (12/3	1/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	65. 5
Supp. Home Care-Personal Care	No					1 - 4 Years	29. 1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.6	More Than 4 Years	5. 5
Day Servi ces	No	Mental Illness (Org./Psy)	16. 4	65 - 74	9. 1		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	38. 2		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	43.6	********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	1.8	95 & 0ver	5. 5	Full-Time Equivale	
Congregate Meals	No	Cancer	1.8	ĺ	j	Nursing Staff per 100 Re	esi dents
Home Delivered Meals	No	Fractures	10. 9		100.0	(12/31/01)	
Other Meals	No	Cardi ovascul ar	12. 7	65 & 0ver	96. 4		
Transportation	No	Cerebrovascul ar	25. 5	[']		RNs	6. 2
Referral Service	No	Di abetes	3. 6	Sex	%	LPNs	9. 0
Other Services	No	Respi ratory	12. 7		Ì	Nursi ng Assi stants,	
Provi de Day Programming for		Other Medical Conditions	14. 5	Male	32. 7	Aides, & Orderlies	32. 4
Mentally Ill	No	ĺ		Female	67. 3		
Provi de Day Programming for]	100.0	İ	j		
Developmentally Disabled	No	ĺ		İ	100. 0		
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Method of Reimbursement

		Medicare litle 18			edicaid itle 19			0ther		Pri vate Pay		Family Care			l	Managed Care				
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	15	100. 0	280	18	100.0	116	0	0.0	0	18	100.0	162	0	0.0	0	4	100.0	270	55	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	15	100.0		18	100. 0		0	0.0		18	100.0		0	0.0		4	100. 0		55	100.0

SUNNY HILL HEALTH CARE CENTER

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Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti	ions, Services,	and Activities as of 12/	31/01
Deaths During Reporting Period]	<u> </u>					
8 1 8		ľ		9	% Needi ng		Total
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of
Private Home/No Home Health	1.4	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	2. 4	Bathi ng	3. 6		80. 0	16. 4	55
Other Nursing Homes	1.0	Dressi ng	5. 5		78. 2	16. 4	55
Acute Care Hospitals	92. 9	Transferring	7. 3		74. 5	18. 2	55
Psych. HospMR/DD Facilities	0. 5	Toilet Use	7. 3		74. 5	18. 2	55
Rehabilitation Hospitals	0. 5	Eating	56. 4		32. 7	10. 9	55
Other Locations	1.4	***************	*******	******	*******	*********	******
Total Number of Admissions	210	Continence		%	Special Treatm	ents	%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	9. 1	Receiving Re	spi ratory Care	20. 0
Private Home/No Home Health	4.4	Occ/Freq. Incontinent		49. 1		acheostomy Care	0. 0
Private Home/With Home Health	50. 2	Occ/Freq. Incontinent	of Bowel	30. 9	Recei vi ng Su	cti oni ng Č	0. 0
Other Nursing Homes	2. 9	<u>-</u>			Receiving 0s	tomy Care	5. 5
Acute Care Hospitals	20. 5	Mobility			Recei vi ng Tu		3. 6
Psych. HospMR/DD Facilities	0.0	Physically Restrained	l	0. 0	Receiving Me	chanically Altered Diets	23. 6
Rehabilitation Hospitals	0.0					·	
Other Locations	7. 3	Skin Care			Other Resident	Characteri sti cs	
Deaths	14. 6	With Pressure Sores		12. 7	Have Advance	Di recti ves	85. 5
Total Number of Discharges		With Rashes		7. 3	Medi cati ons		
(Including Deaths)	205	ĺ			Receiving Ps	ychoactive Drugs	58. 2
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Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 63. 5 82.7 0.77 85. 1 0.75 84.3 0.75 84. 6 0.75 Current Residents from In-County 85. 5 82. 1 1.04 80. 0 1.07 82.7 1.03 77. 0 1. 11 Admissions from In-County, Still Residing 15. 2 18.6 0.82 20.9 0.73 21.6 0.71 20.8 0.73 Admissions/Average Daily Census 456.5 178.7 2.55 144. 6 3. 16 137. 9 3.31 128. 9 3.54 Discharges/Average Daily Census 445.7 179.9 2.48 144. 8 3.08 139. 0 3. 21 130.0 3.43 Discharges To Private Residence/Average Daily Census 243.5 76. 7 3.17 60.4 4.03 55. 2 4.41 52.8 4.61 Residents Receiving Skilled Care 100 93.6 1.07 90. 5 1. 10 91.8 1.09 85. 3 1.17 Residents Aged 65 and Older 96. 4 93. 4 1.03 1.02 92. 5 87. 5 94. 7 1.04 1. 10 Title 19 (Medicaid) Funded Residents 32.7 63.4 0.52 58. 0 64.3 0.51 68. 7 0. 56 0.48 Private Pay Funded Residents 32.7 23.0 32.0 1.02 25.6 22. 0 1. 49 1.42 1. 28 Developmentally Disabled Residents 0.0 0. 7 0.00 0.9 0.00 1. 2 7. 6 0.00 0.00 Mentally Ill Residents 16. 4 30. 1 0.54 33.8 0.48 37. 4 0.44 33. 8 0.48 General Medical Service Residents 14. 5 23.3 0.62 18. 3 0.79 21. 2 0.69 19. 4 0.75 49.3 1.03 Impaired ADL (Mean) 50. 5 48.6 1.04 48. 1 1.05 49.6 1.02 Psychological Problems 58. 2 50.3 1. 16 51.0 1.14 54. 1 1.08 51. 9 1. 12 Nursing Care Required (Mean) 9. 1 6. 2 1.47 6. 0 1. 51 6. 5 1. 39 7. 3 1. 24